

<b>Case Number:</b>	CM15-0032743		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	03/01/2001
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented 54-year-old who has filed a claim for chronic low back pain, neck pain, arm pain, and shoulder pain reportedly associated with an industrial injury of March 1, 2001. In a utilization review report dated February 17, 2015, the claims administrator failed to approve a request for Aciphex, Lunesta, Tenormin, Colace, Lorzone, Nucynta, and senna. The claims administrator referenced an RFA form received on February 4, 2015 in its determination. A variety of the articles in question was denied because several of the medications in question were not ODG formulary medications. Thus, several of the requests were denied owing to issues other than medical necessity. The claims administrator noted that the applicant had undergone earlier failed cervical and lumbar spine surgeries. The applicant's attorney subsequently appealed. In a progress note dated January 29, 2015, the applicant reported ongoing complaints of low back pain radiating to the legs and neck pain radiating to the bilateral arms. Average pain scores of 8-9/10 were reported. The applicant reported difficulty sleeping without some of his medications, including Lunesta. The applicant was described as receiving both workers' compensation indemnity benefits and disability insurance benefits; it was stated in various sections of the note. The applicant was not working with previously imposed permanent limitations, it was acknowledged. The applicant nevertheless was asked to continue Nucynta extended release, Aciphex, Lunesta, Tenormin, Cymbalta, Colace, senna, and Lorzone. It appeared that the applicant was considering a spinal cord stimulator as well as a new lumbar MRI. It was suggested that the applicant was using Cymbalta for pain concerns as opposed to depressive symptoms. The applicant was severely obese, with a BMI of 38. There was no

mention of the applicant's having any issues with reflux, heartburn, or dyspepsia in either the body of the note or in the review of systems section portion of the same.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**Aciphex 20mg, daily, QTY: 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** No, the request for Aciphex, a proton pump inhibitor, is not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Aciphex are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there is no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on the January 29, 2015 progress note in question. Therefore, the request is not medically necessary.

**Lunesta 3mg, at bedtime, QTY: 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Mental Illness & Stress Eszopiclone (Lunesta).

**Decision rationale:** Similarly, the request for Lunesta, a sleep aid, is not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODG's Mental Illness and Stress Chapter, Eszopiclone Topic notes that Lunesta is not recommended for chronic or long-term use purposes but, rather, should be reserved for short-term use purposes. Here, the request in question does represent a renewal or extension request for Lunesta. The attending provider did not furnish any compelling applicant-specific rationale, which would offset the unfavorable ODG position on the article at issue. Therefore, the request is not medically necessary.

**Atenolol 50mg, daily, QTY: 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

**Decision rationale:** Similarly, the request for atenolol (Tenormin), a blood pressure lowering medication, is not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 notes that it is incumbent upon a prescribing provider to incorporate some discussion of efficacy of medication for the particular condition for which it is being prescribed. Here, the January 29, 2015 progress note, however, contained no mention of the applicant's actively carrying a diagnosis of hypertension. While the applicant's blood pressure was elevated on that date, the attending provider did not state that the applicant was in fact hypertensive. The attending provider did not, furthermore, state whether he was satisfied with the level of blood pressure control generated with ongoing atenolol (Tenormin) usage. The applicant's pulse was 76 on January 29, 2015, furthermore, suggesting that the applicant was not, in fact, actively using Tenormin (atenolol). Therefore, the request is not medically necessary.

**Cymbalta 30mg, twice daily, QTY: 60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 15.

**Decision rationale:** Similarly, the request for Cymbalta, an antidepressant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 15 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Cymbalta is FDA approved in the treatment of anxiety, depression, diabetic neuropathy, and fibromyalgia but can be employed off label for radiculopathy, as was seemingly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was off work as of the date Cymbalta was renewed. The applicant continued to report average pain scores in the 8-9/10 range as of January 29, 2015. Ongoing usage of Cymbalta has failed to curtail the applicant's dependence on opioid agents such as Nucynta. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of Cymbalta. Therefore, the request was not medically necessary.

**Colace 100mg, take 1-2 by mouth, twice daily QTY: 200: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 3) Initiating Therapy Page(s): 77.

**Decision rationale:** Conversely, the request for Colace, a laxative/stool softener, was medically necessary, medically appropriate, and indicated here. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation is recommended in applicants who are using opioid agents. Here, the applicant was, in fact, using several opioid agents, including Nucynta and Nucynta extended release. Concurrent provision of a laxative agent, Colace, thus, was indicated in conjunction with the same. Therefore, the request was medically necessary.

**Lorzone 750mg, twice daily, as needed, QTY: 60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

**Decision rationale:** Conversely, the request for Lorzone, a muscle relaxant, was not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as Lorzone are recommended for short-term use purposes, to combat acute exacerbations of chronic low back pain, here, however, the 60-tablet supply of Lorzone implied chronic, long-term, and daily usage of the same. Such usage, however, runs counter to the short-term role for which muscle relaxants are recommended, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Nucynta 75mg, 3 times a day, QTY: 90: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for Nucynta, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved because of the same. Here, however, the applicant was off work, on total temporary disability, as of the date of the request. The applicant was receiving both workers' compensation indemnity benefits and disability insurance benefits as of January 29, 2015, the treating provider reported. Average pain complaints of 8-9/10 were reported. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Nucynta. Therefore, the request was not medically necessary.

**Nucynta ER 150mg QTY: 60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for Nucynta extended release, a long acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved because of the same. Here, however, the applicant was off work as of the January 29, 2015 office visit on which Nucynta was renewed. The applicant was receiving both workers' compensation indemnity benefits and disability insurance benefits, the treating provider maintained. Average pain scores of 8-9/10 were reported, despite ongoing Nucynta usage. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.

**Senokot, take 1-2 by mouth, twice daily, QTY: 100:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 3) Initiating Therapy Page(s): 77.

**Decision rationale:** Finally, the request for Senokot, a laxative agent, was medically necessary, medically appropriate, and indicated here. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated in applicants using opioid agents. Here, the applicant was using a variety of opioid agents, including Nucynta and Nucynta extended release. Provision of Senokot, a laxative agent, thus, was indicated to combat any issues with constipation, which may have arisen in conjunction with ongoing opioid usage. Therefore, the request was medically necessary.